

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | |
|---|-----------------------------------|---|--------------------|--|--|----|--|--|--|
| 1 Date of Request: <u>9/22/99</u> | | 2 Serial/ <u>Patent</u> # <u>4,540,568</u> | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | |
| | Filing | | \$ | | | | | | |
| | Amendment | | \$ | | | | | | |
| | Extension of Time | | \$ | | | | | | |
| | Notice of Appeal/Appeal | | \$ | | | | | | |
| | Petition | | \$ | | | | | | |
| | Issue | | \$ | | | | | | |
| | Cert of Correction/Terminal Disc. | | \$ | | | | | | |
| <input checked="" type="checkbox"/> | Maintenance | 25 | 9/17/99 \$ 3095.00 | | | | | | |
| | Assignment | | \$ | | | | | | |
| | Other | | \$ | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND \$ 3095.00 | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | |
| | | <input checked="" type="checkbox"/> Treasury Check | | | | | | | |
| | | Credit Deposit A/C #: | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | -- | | | |
| | | -- | | | | | | | |
| 10 REASON: | | | | | | | | | |
| | Overpayment | | | | | | | | |
| | Duplicate Payment | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | |
| <u>Unnecessary because patent not reinstated</u> | | | | | | | | | |
| | | | | | | | | | |
| 11 REFUND REQUESTED BY: <u>C.T. Tartera</u> | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Christina Tartera</u> | | TITLE: <u>Petitions Attorney</u> | | | | | | | |
| SIGNATURE: <u>Christina T. Tartera</u> | | PHONE: <u>306-5589</u> | | | | | | | |
| OFFICE: <u>Office of Petitions / 4700</u> | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>10/21/99</u> | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: